



Health Resources
Development Service
Oklahoma State
Department of Health



Health Facility Systems
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ALZHEIMER'S DISEASE OR RELATED DISORDERS SPECIAL CARE DISCLOSURE FORM

All questions relate to the specialized Alzheimer's disease or related disorders care the individual facility provides. The use of the word "resident" refers to residents with Alzheimer's disease or related disorders.

Facility Instructions

1. Complete this Disclosure Form according to the care and services your facility provides. You may **not** amend the form, but you may attach an addendum to expand on your answers.
2. Provide copies of the Disclosure Form to anyone who requests information on the care for Alzheimer's or related disorders in your facility.
3. If the facility is a Continuum of Care Center (CCRC), indicate the service at Facility type. For instance, if the Alzheimer's beds are in the Assisted Living Center (ALC) portion/service of a CCRC, list as ALC, not CCRC, so that service can be identified with the bed type. If a CCRC has Alzheimer beds, in the ALC, and the nursing facility (NF), a disclosure form is to be submitted for each facility type.
4. The form is to be submitted with the application, for renewal, change of ownership, and bed additions that affect the total number of licensed beds in the facility. For these submittals the form is to be mailed with the application to PO Box 268823, Oklahoma City, OK 73126-8823.

Facility Information

Facility Name: Ten Oaks Place
License Number: AL11602 Telephone Number: (580) 353-1190
Address: 3610 SE Huntington Circle
Administrator: Tammy Kuhlman Date Disclosure Form Completed: 10 / 11 / 19
Completed By: Tammy Kuhlman Title: Executive Director
Number of Alzheimer Related Beds: 32
Maximum Number of participants for Alzheimer Adult Day Care: 0

What types of providers must furnish a Disclosure Form?

State rules require the Disclosure Form be provided by any nursing or specialized nursing facility, residential care home, assisted living center, continuum of care facility, or adult day care center that advertises, markets or otherwise promotes they provide care or treatment to residents with Alzheimer's disease or related disorders in a special unit or under a special program.

What is the purpose of the Disclosure Form?

This Disclosure Form gives families and other interested persons the facility description of the services it provides and how these services target the special needs of residents with Alzheimer's disease or related disorders. Although the information categories are standardized, the information reported is facility-specific. This format gives families and other interested persons consistent categories of information, so they can compare facilities and services. The

Disclosure Form is *not* intended to take the place of visiting the facility, talking with other residents' family members, or meeting one-on-one with facility staff. This form contains additional information, which families can use to make more informed decisions about care.

Check the appropriate box below.

- ☐ New application. Complete this form in its entirety and submit with your application before entering into an agreement to provide care or treatment as a Specialized Alzheimer Care provider.
- ☐ No change, since previous application submittal. Submit this form with your renewal application.
- ☒ Limited change, since previous application submittal. Only respond to the form items changed, and submit this form with your renewal application.
- ☐ Substantial change, in the information previously submitted. This box is applicable to bed changes, changes of ownership, or other changes that would not occur with a renewal application submittal.

PRE-ADMISSION PROCESS

A. What is involved in the pre-admission process?

- ☒ Visit to facility ☒ Home assessment ☒ Medical records assessment
- ☐ Written Application ☒ Family interview ☒ Other: Physician's Plan of Care

B. Services (see following chart)

Service	Is it offered? Yes/No	If yes, is it included in the base rate or purchased for an additional cost?
Assistance in transferring to and from a wheelchair	Yes	included
Intravenous (IV) therapy	NO	
Bladder incontinence care	Yes	included
Bowel incontinence care	Yes	included
Medication injections	Yes	included
Feeding residents	Yes	included
Oxygen administration	Yes	included
Behavior management for verbal aggression	Yes	included
Behavior management for physical aggression	Yes	included
Meals (____ per day)	Yes	included
Special diet	Yes	included
Housekeeping (____ days per week)	Yes	included
Activities program	Yes	included
Select menus	Yes	included
Incontinence products	Yes	Additional Cost
Incontinence care	Yes	included
Home Health Services	No	



Temporary use of wheelchair/walker	Yes	included
Injections	Yes	included
Minor nursing services provided by facility staff	Yes	included
Transportation (specify)	Yes	included Tuesday & Thursday only
Barber/beauty shop	Yes	Additional cost

C. Do you charge more for different levels of care? ☐ Yes ☒ No
If yes, describe the different levels of care. _____

I. ADMISSION PROCESS

A. Is there a deposit in addition to rent? ☒ Yes ☐ No

If yes, is it refundable? ☒ Yes ☐ No

If yes, when? Refundable only if resident does not complete move in paperwork

B. Do you have a refund policy if the resident does not remain for the entire prepaid period? ☒ Yes ☐ No

If yes, explain We pro-rate to the date of move in.

C. What is the admission process for new residents?

☒ Doctors' orders ☒ Residency agreement ☒ History and physical ☒ Deposit/payment

☐ Other: _____

Is there a trial period for new residents? ☐ Yes ☒ No

If yes, how long? _____

D. Do you have an orientation program for families? ☒ Yes ☐ No

If yes, describe the family support programs and state how each is offered.

We offer Alzheimer's support groups and monthly family calls.

II. DISCHARGE/TRANSFER

A. How much notice is given? 30 Days

B. What would cause temporary transfer from specialized care?

☒ Medical condition requiring 24 hours nursing care ☒ Unacceptable physical or verbal behavior

☒ Drug stabilization ☒ Other: Hospital stay

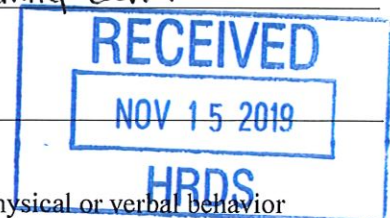
C. The need for the following services could cause permanent discharge from specialized care:

☒ Medical care requiring 24-hour nursing care ☐ Sitters ☐ Medication injections
☐ Assistance in transferring to and from wheelchair ☒ Bowel incontinence care ☐ Feeding by staff
☒ Behavior management for verbal aggression ☐ Bladder incontinence care ☐ Oxygen administration
☒ Behavior management for physical aggression ☒ Intravenous (IV) therapy ☐ Special diets

☐ Other: _____

D. Who would make this discharge decision?

☒ Facility manager ☒ Other: Nurse, Physician, Regional Directors



E. Do families have input into these discharge decisions?..... ☒ Yes ☐ No

F. Do you assist families in making discharge plans? ☒ Yes ☐ No

III. PLANNING AND IMPLEMENTATION OF CARE (check all that apply)

A. Who is involved in the service plan process?

☒ Administrator ☒ Nursing Assistants ☒ Activity director ☒ Family members
☒ Licensed nurses ☐ Social worker ☒ Dietary ☒ Physician ☒ Resident

B. How often is the resident service plan assessed?

☐ Monthly ☒ Quarterly ☒ Annually ☒ As needed
☐ Other: _____

C. What types of programs are scheduled?

☒ Music program ☒ Arts program ☒ Crafts ☒ Exercise ☒ Cooking
☒ Other: Intellectual and spiritual

How often is each program held, and where does it take place? _____

D. How many hours of structured activities are scheduled per day?

☐ 1-2 hours ☐ 2-4 hours ☐ 4-6 hours ☒ 6-8 hours ☐ 8 + hours

E. Are residents taken off the premises for activities?..... ☐ Yes ☒ No

F. What specific techniques do you use to address physical and verbal aggressiveness?

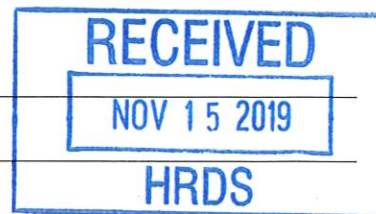
☒ Redirection ☐ Isolation
☐ Other: _____

G. What techniques do you use to address wandering?

☒ Outdoor access ☒ Electro-magnetic locking system ☐ Wander Guard (or similar system)
☐ Other: _____

H. What restraint alternatives do you use?

N/A



I. Who assists/administers medications?

☒ RN ☒ LPN ☒ Medication aide ☐ Attendant
☒ Other: MAT'S

IV. CHANGE IN CONDITION ISSUES

What special provisions do you allow for aging in place?

☒ Sitters ☐ Additional services agreements ☒ Hospice ☒ Home health

If so, is it affiliated with your facility?..... ☐ Yes ☒ No

☒ Wandering paths

☒ Rummaging areas

☐ Others: _____

C. What is your policy on the use of outdoor space?

☒ Supervised access

☒ Free daytime access (weather permitting)

VIII. STAFFING

A. What are the qualifications in terms of education and experience of the person in charge of Alzheimer's disease or related disorders care?

Experience working with cognitive impaired residents; certified assistants

B. What is the daytime staffing ratio of direct care staff 1:8 - first shift, 1:8 - second shift

What is the daytime staffing ratio of Direct Staffing to Residents in Special Care Unit? 1:8 - first shift, 1:8 - second shift

C. What is the daytime staffing ratio of licensed staff? 1:32

D. What is the nighttime staffing ratio of direct care staff? 1:16

What is the nighttime Ratio of Direct Staffing to Residents in the Special Care Unit? 1:16

E. What is the nighttime staffing ratio of licensed staff? 0:32 (nurse on call 24/7)

NOTE: Please attach additional comments on staffing policy, if desired.

IX. Describe the Alzheimer's disease special care unit's overall philosophy and mission as it relates to the needs of the residents with Alzheimer's disease or related disorders.

To enrich life through meaningful relationships and vibrant communities.

To be the Nation's Most Trusted senior living provider. We believe that no matter where an individual is in their life journey, each individual has the right to enjoy life and have meaningful experiences each day.

